



Complete Summary

TITLE

Child health: percent of children who received at least one HealthCheck examination in the look-back period (MEDDIC-MS SSI).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Brief Abstract

DESCRIPTION

This measure uses current and previous (if applicable) Health Maintenance Organization (HMO) claims/encounter data, Fee-For-Service (FFS) Medical Evaluation & Decision Support (MEDS) data and Department of Public Health (DPH) data to determine the percent of children included in the denominator who received the required HealthCheck* (Early and Periodic Screening, Diagnostic and Treatment [EPSDT]) examinations. Services provided by non-network provider(s) are counted in the numerator if reported in encounter data.

*EPSDT services are required under federal law for individuals under age 21 years served in the Medicaid program. In Wisconsin, EPSDT services are referred to as HealthCheck.

RATIONALE

HealthCheck (Early and Periodic Screening, Diagnostic and Treatment [EPSDT]) examinations have a measurable positive impact on the immediate and long-term health of children. Reliable data demonstrate a clear connection between EPSDT services and the reduction of preventable hospitalizations. Preventable hospitalizations reduce quality of life, indicate less than optimal health care and result in unnecessary cost.

Congress created the EPSDT program in 1967 to provide initial and periodic examinations and medically necessary follow-up care for Medicaid-eligible children.

Under EPSDT, State Medicaid agencies must provide eligible children services that include comprehensive, periodic health assessments beginning at birth and continuing through age 20. This measure is necessary to facilitate tracking provision of EPSDT services to eligible enrollees in Supplemental Security Income (SSI) managed care.

PRIMARY CLINICAL COMPONENT

Child health; access; well-child examination

DENOMINATOR DESCRIPTION

Supplemental Security Income (SSI) enrollees age 15 to 20 years continuously enrolled for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

NUMERATOR DESCRIPTION

Children in the denominator age cohort who received at least one HealthCheck examination in the look-back period. Services provided by non-network provider(s) are counted in the numerator when identified from Department of Public Health (DPH) or other Department of Health and Family Services (DHFS) databases or identified in encounter data (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary).

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Access

SECONDARY MEASURE DOMAIN

Process

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
A systematic review of the clinical literature

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 15 to 20 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In May 1997, the United States Department of Health and Human Services (DHHS) Office of the Inspector General (OIG) issued a report on the delivery of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services through state Medicaid managed care programs in ten states. In part, the OIG found: "Fewer than one in three Medicaid children enrolled in managed care plans receive timely EPSDT services. Six of ten receive none at all." The OIG also reported that 86% of eligible children age 15 to 20 years received no EPSDT services at all.

EVIDENCE FOR INCIDENCE/PREVALENCE

Medicaid managed care and EPSDT [OEI-05-93-00290]. Washington (DC): Department of Health and Human Services, Office of the Inspector General; 1997 May 1. 30 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Supplemental Security Income (SSI) enrollees age 15 to 20 years continuously enrolled for at least 304 days immediately prior to the measure end date* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.**

*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date. If Department of Public Health (DPH) service data is to be included in the numerator, data extraction will occur subsequent to the completion of the quarterly update of DPH data for the most recent complete quarter that includes services provided up to the measure end date.

**Measure look-back period: 12 months (365 days) from the measure end date.

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Supplemental Security Income (SSI) enrollees age 15 to 20 years continuously enrolled for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Children in the denominator age cohort who received at least one HealthCheck examination in the look-back period.* Services provided by non-network provider(s) are counted in the numerator when identified from Department of Public Health (DPH) or other Department of Health and Family Services (DHFS) databases or identified in encounter data.

*Clinical Criteria: Current Procedure Terminology (CPT-4 and CPT 2001) codes: 99431, 99432, 99435 with or without a modifier; 99381-99385 or 99391-99395 with or without modifiers as follows: MR (medical referral), VH (vision and/or hearing referral), NO (no referral), HA (nursing agency medical referral), HB (nursing agency vision and/or hearing referral) or HC (nursing agency, no referral). Or 99201-99205, 99211-99215 with V20-20.2 and/or V70.0 and/or V70.3-.9.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002 for Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). Modifications made to base measure for Supplemental Security Income (SSI) do not affect measure accuracy or validity.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Child health: comprehensive HealthCheck exams age cohorts 15-20 years.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS SSI \(Medicaid Encounter Data Driven Improvement Core Measure Set for Supplemental Security Income\). Measures applicable to SSI managed care population.](#)

MEASURE SUBSET NAME

[Monitoring Measures -- SSI](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

MEASURE AVAILABILITY

The individual measure, "Child Health: Comprehensive HealthCheck Exams Age Cohorts 15-20 Years," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care (MEDDIC-MS SSI)."

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NQMC STATUS

This NQMC summary was completed by ECRI on February 3, 2005. The information was verified by the measure developer on February 7, 2005.

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